

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DA	70385	
O.I.P.E. CLASSIFIER		4/3	
FORMALITY REVIEW	AKS	7/17/00	2-8
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
1	1	1	3/17/00
2	2	2	3/17/00
3	3	3	3/17/00
4	4	4	3/17/00
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If more than 150 claims or 10 actions  
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